

LEVEL OF SUPERVISION INVENTORY

Full Name: _____ Date of Birth: ____/____/____ Gender ☐ M ☐ F
 Race: ☐ W ☐ B ☐ H ☐ Other (specify) _____ INITIAL LSI ☐ Yes ☐ No Reassessment No. _____
 Officer Name: _____ Date Completed: ____/____/____

CRIMINAL HISTORY

- (E)1. _____ Any prior convictions, adult/number ☐
 (E)2. _____ Two or more prior convictions
 (E)3. _____ Three or more prior convictions
 (E)4. _____ Three or more present offenses/number ☐
 (E)5. _____ Arrested under age 16
 (E)6. _____ Ever incarcerated upon conviction
 (E)7. _____ Escape history - institution
 (E)8. _____ Ever punished for institutional misconduct/number ☐
 (E)9. _____ Charge laid or probation/parole suspended during prior community supervision
 (E)10. _____ Record of assault/violence
 SUBTOTAL SCORE _____/10 = ()

EDUCATION/EMPLOYMENT

- When in labor market:
 (C)11. _____ Currently unemployed
 (Y)12. _____ Frequently unemployed
 (E)13. _____ Never employed for a full year
 (E)14. _____ Ever fired
 School or when in school:
 (E)15. _____ Less than regular grade 10
 (E)16. _____ Less than regular grade 12
 (E)17. _____ Suspended or expelled at least once
 Homemaker, pensioner: 18 only
 School, work, unemployed: 18, 19, 20
 (C)18. _____ Participation/Performance - ☐0☐1☐2☐3 +
 (C)19. _____ Peer interactions - ☐0☐1☐2☐3 +
 (C)20. _____ Authority interactions - ☐0☐1☐2☐3 +
 SUBTOTAL SCORE _____/10 = ()

FINANCIAL

- (Y)21. _____ Problems - ☐0☐1☐2☐3 +
 (Y)22. _____ Reliance upon social assistance
 SUBTOTAL SCORE _____/2 = ()

FAMILY/MARITAL

- (Y)23. _____ Dissatisfaction with marital or equivalent situation - ☐0☐1☐2☐3 +
 (Y)24. _____ Non rewarding, parental - ☐0☐1☐2☐3 +
 (Y)25. _____ Non rewarding, other - ☐0☐1☐2☐3 +
 (E)26. _____ Criminal family/spouse
 SUBTOTAL SCORE _____/4 = ()

ACCOMMODATION

- (C)27. _____ Unsatisfactory - ☐0☐1☐2☐3 +
 (Y)28. _____ 3 or more address changes last year/number ☐
 (C)29. _____ High crime neighborhood
 SUBTOTAL SCORE _____/3 = ()

LEISURE/RECREATION

- (Y)30. _____ No recent participation in organized activity
 (Y)31. _____ Could make better use of time - ☐0☐1☐2☐3 +
 SUBTOTAL SCORE _____/2 = ()

COMPANIONS

- (Y)32. _____ A social isolate
 (Y)33. _____ Some criminal acquaintances
 (Y)34. _____ Some criminal friends
 (Y)35. _____ Few anti-criminal acquaintances
 (Y)36. _____ Few anti-criminal friends
 SUBTOTAL SCORE _____/5 = ()

ALCOHOL/DRUG PROBLEMS

- (E)37. _____ Alcohol problem, ever
 (E)38. _____ Drug problem, ever
 (Y)39. _____ Alcohol problem, currently - ☐0☐1☐2☐3 +
 (Y)40. _____ Drug problem, currently - ☐0☐1☐2☐3 +
 Specify drug: _____
 (Y)41. _____ Law violation
 (Y)42. _____ Marital/family
 (Y)43. _____ School/work
 (Y)44. _____ Medical
 (Y)45. _____ Other clinical indicators
 Specify: _____
 SUBTOTAL SCORE _____/9 = ()

EMOTIONAL/PERSONAL

- (Y)46. _____ Moderate interference
 (Y)47. _____ Severe interference
 (E)48. _____ Mental health treatment, past
 (Y)49. _____ Mental health treatment, current
 (Y)50. _____ Psychological assessment indicated
 Area: _____
 SUBTOTAL SCORE _____/5 = ()

ATTITUDE/ORIENTATION

- (C)51. _____ Supportive of crime - ☐0☐1☐2☐3 +
 (C)52. _____ Unfavorable attitude toward convention - ☐0☐1☐2☐3 +
 (C)53. _____ Poor attitude toward sentence/conviction
 (C)54. _____ Poor attitude toward supervision
 SUBTOTAL SCORE _____/4 = ()

TOTAL SCORE ☐ RATER BOX TOTAL ☐

Current Offense(s): _____

lifetime ~~arrests~~ arrests: _____

Age at 1st Arrest (lifetime) _____

TREATMENT LEVEL RECOMMENDED ☐

(E=ever, C=current, Y=year)

SUMMARY SCORES

- ⇒ **Criminogenic Need Profile** (greatest percentage of the Big 6)
Check one:

- | | |
|--|---|
| <input type="checkbox"/> Low self control | <input type="checkbox"/> Antisocial values |
| <input type="checkbox"/> Antisocial personality traits | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Antisocial peers | <input type="checkbox"/> Dysfunctional family |

- ⇒ **Recommended Treatment Level** (LSI risk score + ASUS disruptive score)

LSI	+	ASUS (Disrupt)	=	Recommended Treatment Level (circle number)
(0 - 13)	= 1	(0 - 20)	= 0	1 No treatment
(14 - 20)	= 2	(21 - 40)	= 1	2 Increased UA's; D & A educ.
(21 - 27)	= 3	(41 - 60)	= 2	3 Weekly therapy (1:1 or grp.)
(28 - 54)	= 4	(61 - 80)	= 3	4 Intensive Outpatient (IOP)
				5 Intensive Res. Tx. (IRT)
				6 Therapeutic Comm. (TC)
				7 Assess for Psychopathy

- ⇒ **Classification Level based on Hawaii's cutoffs**
Check one:

- | | |
|---|---------|
| <input type="checkbox"/> Surveillance | 36+ |
| <input type="checkbox"/> High | 26 - 35 |
| <input type="checkbox"/> Medium | 21 - 25 |
| <input type="checkbox"/> Low | 19 - 20 |
| <input type="checkbox"/> Administrative | ≤ 18 |

- ⇒ **Probability for Recidivism/Rank Percentile** _____ %
(based on ColorPlot)

- ⇒ **Stage of Change** (as related to the highest criminogenic factor identified above)
Check one:

- | |
|--|
| <input type="checkbox"/> Pre-contemplation |
| <input type="checkbox"/> Contemplation |
| <input type="checkbox"/> Determination |
| <input type="checkbox"/> Action |
| <input type="checkbox"/> Maintenance |

ADULT SUBSTANCE USE SURVEY (ASUS)

Please Print

NAME:		DATE OF BIRTH:	
AGE:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	YEARS OF SCHOOL COMPLETED:	
ADM DATE:	ADM BY:	AGENCY:	
ETHNICITY:	MARITAL STATUS:	EMPLOYMENT:	OTHER STATUS:
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> _____	<input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Unemployed 1-3 months <input type="checkbox"/> Unemployed 3+ months	<input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> _____

Alcohol, Drug or Mental Health Treatment History:	Number of Times:	Year of Last Tx or Class:
Prior Outpatient Alcohol or Drug Treatment:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+	Outpatient:
Prior Inpatient Alcohol or Drug Treatment:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+	Inpatient:
Prior Mental Health Treatment:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+	Mental Health:
Prior Alcohol or Drug Education Classes:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+	AOD Class:
Number of Alcohol or Drug Related Arrests:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+	Year of Last Arrest:

EVALUATOR USE ONLY

EVALUATOR USE ONLY										
	Minimal		Low		Moderate		High			
AOD Use Involvement:	0	1	2	3	4	5	6	7	8	9
AOD Use Disruption:	0	1	2	3	4	5	6	7	8	9
AOD Service Readiness:	0	1	2	3	4	5	6	7	8	9

ASUS SUMMARY PROFILE

DECILE RANK												
Scale	Raw	1	2	3	4	5	6	7	8	9	10	
Involvement		0 1 2	3	4	5 6	7	8 9	10 11	12 14	15 16 18	19 23 40	
Disruption		0	1	2 3 4	5 6	7 8 9 10	11 13 16	18 20 23	24 29 34	35 40 47	48 57 77	
Social		0 3	4 5	6 7	8	9	10	11 12	13 14	15 16 17	18 20 29	
Mood		0 1	2	3	4	5 6	7	8 9	10 11	12 13 15	16 19 30	
Global		0 10 13	14 17 19	21 23 24	25 27 30	31 34 37	38 42 46	47 52 58	59 65 73	74 82 91	92 107 167	
Six Month				0	1	2	3	4 5 7	8 9 11	12 16 20	21 31 86	
Defensive		0 1 2 3 4	5 6	7	8	9	10	11	12 13	14 15	16 17 21	
Motivation		0 1 2 3	4 5 6	7 8	9 10	11 12	13	14 15	16	17 18	19 20 21	
ASUS Rater		0 4	5 6	7 8	9 10	11	12 13	14	15	16	17 18	
Involvement 2		0 1 2 3	4 5	6 7 8 9	10 11 12	13 15 16	17 18 19	20 22 23	24 25 26	27 30 32	33 36 40	
Disruption 2		0 1 3	5 6 11 15	16 21 26	27 30 34	35 38 41	42 45 47	48 50 53	54 57 59	60 63 65	66 70 80	
Percentile		0	10	20	30	40	50	60	70	80	90	99

INFORMATION AND INSTRUCTIONS ON THE USE OF THIS SURVEY

This booklet contains questions about how you see yourself. Some questions have to do with your feelings and emotions. Others have to do with the use of alcohol and drugs. Be as honest as you can when completing the survey. This will help those working with you to better understand your concerns and questions and your use of alcohol and other drugs. For each question in the survey, circle the letter under the question that best fits you. Please answer every question and give only one answer to each question. After you complete the survey, your counselor will provide you with a computer printout that compares your scores with the answers provided by more than 2400 adult probationers. Your counselor will review the ASUS report with you to answer any questions and explain the results. You may now turn the page and begin the survey.

Below is a list of several kinds of drugs that people use. Circle "a" if you have never used the drug or been intoxicated. For alcohol, circle the number of times in your lifetime that you have been intoxicated. For all other drugs, it is the number of times in your lifetime that you have used any of the drugs listed below. For any drug you have used, write down how old you were the last time you used that drug or were intoxicated in the column titled **Age of Last Use**. Then, on the column on the right side of the page, circle the number of times in the past six months you have been intoxicated on alcohol or used the other drugs using the same categories as for lifetime use. For example, circle "c" if you have been intoxicated 11-25 times in the last six months. Circle "b" if you have used marijuana 1 to 10 times in the last six months.

Type of Drug Used	Number of Times Used in Lifetime					Age of Last Use	Number Times Used Last 6 mo				
	0	1-10	11-25	26-50	50+		0	1-10	11-25	25-50	50+
1. Times intoxicated or drunk on alcohol <i>beer, wine, hard liquor, mixed drink</i>	a	b	c	d	e	_____	a	b	c	d	e
2. Used Marijuana <i>pot, hashish, hash, THC</i>	a	b	c	d	e	_____	a	b	c	d	e
3. Used Cocaine <i>coke, snow, crack, rock, blow</i>	a	b	c	d	e	_____	a	b	c	d	e
4. Used Amphetamines/stimulants <i>speed, uppers, bennies, diet pills, crystal, black beauties, white crosses, pep pills, crank, ice</i>	a	b	c	d	e	_____	a	b	c	d	e
5. Used Hallucinogens <i>LSD, acid, peyote, mushrooms, mescaline, PCP, angel dust</i>	a	b	c	d	e	_____	a	b	c	d	e
6. Used Inhalants <i>Rush, gasoline, paint, glue, lighter fluid, nitrous oxide</i>	a	b	c	d	e	_____	a	b	c	d	e
7. Used Heroin <i>Horse, H, smack, junk, opium</i>	a	b	c	d	e	_____	a	b	c	d	e
8. Used other opiates or pain killers used for nonmedical reasons <i>Codeine, morphine, demerol, dilaudid, Percodan, Vicadin, methadone,</i>	a	b	c	d	e	_____	a	b	c	d	e
9. Barbiturates/sedatives used for nonmedical reasons <i>seconal, Nembutal, amytal, doriden, quaaludes, dalmane, placidyl, blues, reds, yellows, ludes, sleeping pills</i>	a	b	c	d	e	_____	a	b	c	d	e
10. Tranquilizers used for nonmedical reasons <i>Librium, valium, ativan, xanax, serax, Miltown, equanil, meprobamates</i>	a	b	c	d	e	_____	a	b	c	d	e

	Never smoked	Do not smoke now	Up to a half pack a day	About a pack a day	More than a pack a day
	a	b	c	d	e
11. Used cigarettes (tobacco)	a	b	c	d	e

As a result of using or coming off of alcohol or any of the other above drugs, indicate how often any of the following have happened to you in your lifetime. Then, for each of the following statements, in the column on the right side of the page, indicate how many times it has happened to you in the past six months. If it did not happen to you, circle **a**; circle **b** for 1-3 times; circle **c** for 4-6 times; circle **d** for 7-10 times; circle **e** if it happened more than 10 times in the past six months.

	Number of times:	Never	1-3	4-6	7-10	10+	Times last 6 mo				
							0	1-3	4-6	7-10	10+
12. Had a blackout <i>forgot what you did but were still awake</i>		a	b	c	d	e	a	b	c	d	e
13. Became physically violent		a	b	c	d	e	a	b	c	d	e
14. Staggered and stumbled around		a	b	c	d	e	a	b	c	d	e
15. Passed out or became unconscious		a	b	c	d	e	a	b	c	d	e
16. Tried to take your own life		a	b	c	d	e	a	b	c	d	e
17. Saw or heard things that were not there		a	b	c	d	e	a	b	c	d	e
18. Became mentally confused		a	b	c	d	e	a	b	c	d	e
19. Thought people were out to get you or wanted to harm you		a	b	c	d	e	a	b	c	d	e
20. Had physical shakes or tremors		a	b	c	d	e	a	b	c	d	e
21. Became physically sick or nauseated		a	b	c	d	e	a	b	c	d	e
22. Had a seizure or a convulsion		a	b	c	d	e	a	b	c	d	e
23. Had rapid or fast heart beat		a	b	c	d	e	a	b	c	d	e
24. Became very anxious, nervous and tense		a	b	c	d	e	a	b	c	d	e
25. Were very feverish, hot, sweaty		a	b	c	d	e	a	b	c	d	e
26. Did not eat or sleep		a	b	c	d	e	a	b	c	d	e
27. Were weak, tired and fatigued		a	b	c	d	e	a	b	c	d	e
28. Unable to go to work or school		a	b	c	d	e	a	b	c	d	e
29. Neglected your family		a	b	c	d	e	a	b	c	d	e
30. Broke the law or committed a crime		a	b	c	d	e	a	b	c	d	e
31. Could not pay your bills		a	b	c	d	e	a	b	c	d	e

Please choose the answer that best fits you for the following questions or statements.

	Number of times:	Never	1-2	3-4	5 or more
32. When I was in my teen years, I got into trouble with the law.		a	b	c	d
33. I was suspended or expelled from school when I was a child or teenager.		a	b	c	d
34. I have been in fights or brawls.		a	b	c	d
35. I have been charged with driving under the influence of alcohol or other drugs.		a	b	c	d
36. As an adult, I have been in trouble with the law for other reasons than driving a motor vehicle.		a	b	c	d

Please choose the answer that best fits you for the following questions or statements.

	Not True	Somewhat True	Usually True	Always True
37. I have had trouble because I don't follow the rules.	a	b	c	d
38. I don't like police officers.	a	b	c	d
39. There are too many laws in society.	a	b	c	d
40. It is all right to break the law if it doesn't hurt anyone.	a	b	c	d
41. Usually, no one tells me what to do.	a	b	c	d
	Hardly at All	Yes, Sometimes	Yes, a Lot	Yes, All the Time
42. Have you felt down and depressed?	a	b	c	d
43. Have you been nervous and tense?	a	b	c	d
44. Have you been irritated and angry?	a	b	c	d
45. Have your moods been up and down from very happy to very depressed?	a	b	c	d
46. Do you tend to worry about things?	a	b	c	d
47. Have you felt like not wanting to live or like taking your life?	a	b	c	d
48. Have you had problems sleeping?	a	b	c	d
49. Have you had disturbing thoughts?	a	b	c	d
50. Are you discouraged about your future?	a	b	c	d
	No, Never	Hardly At All	A Few Times	Yes, All The Time
51. Have you gotten angry at someone?	a	b	c	d
52. Have you lied about something or not told the truth?	a	b	c	d
53. Do you ever find yourself unhappy?	a	b	c	d
54. Have you felt frustrated about a job?	a	b	c	d
55. Do you hold things in and not tell others what you think or feel?	a	b	c	d
56. Have you been unkind or rude to someone?	a	b	c	d
57. Have you ever cried about someone or something?	a	b	c	d
	No, Not At All	Yes, Maybe	Yes, Most Likely	Yes, For Sure
58. Have you felt you needed to make changes around the use of alcohol or other drugs?	a	b	c	d
59. Do you want to stop using alcohol or, if you don't use alcohol, do you want to continue to not use alcohol?	a	b	c	d
60. Do you want to stop using drugs or, if you don't use drugs, do you want to continue to not use drugs?	a	b	c	d
61. Have you felt the need for help with problems having to do with your use of alcohol?	a	b	c	d
62. Have you felt the need for help with problems as a result of using other drugs?	a	b	c	d
63. Is it important for you to make changes around the use of alcohol or drugs?	a	b	c	d
64. Would you be willing to go to (or continue in) a program where people get help for alcohol or other drug use problems?	a	b	c	d

LSI-ASUS Assessment Summary

ASUS - Author & Copyright (c): Kenneth W. Wanberg
Department of Corrections Hawaii

DOB:	07/04/1979	SUHM:	3 (Weekly Therapy)	Unit:	Jail/Prison
Age:	25	Offense:		County:	Oahu
Gender:	Female	Offense Group:			
Race:	Hawaiian/Part Hawaii	Offense Type:	Drug Class C		
Rept Date:	8/2/2004	Assessment Status:	Post-Sentence		
Case #:		Disposition:	Prison		

Scale	Score	Low 6-18	Moderate 19-28	High 29-64	Risk Score: Moderate
Total	21				
Protective	24				

LSI	Score	1	2	3	4	5	6	7	8	9	10	LSI: DOCH-LSI-1996 Date: 8/2/2004 ASUS: DOCH-ASUS-2081 Date: 8/2/2004
1. Crime History	0.50											
2. Emp/Edu	0.40											
3. Financial	0.00											
4. Family/Marital	0.50											
5. Accommodation	0.33											
6. Leisure	1.00											
7. Companions	0.80											
8. Alcohol/Drug	0.11											
9. Emotional	0.20											
10. Attitudes	0.25											

ASUS	Score	Low 1	2	3	Medium 4	5	High Medium 6	7	8	High 9	10	NORM SET
1. Involvement1	17											
2. Disruption1	17											
3. Social	17											
4. Mood	9											
5. Global	60											
6. Six Month	16											
7. Defensive	9											
8. Motivation	21											
9. ASUS Rater	11											
10. Involvement2	17											
11. Disruption2	17											

Treatment Guidelines (based on ASUS Involvement and Disruption Score)			
Involvement Score	Disruption Score	Level of Use & Problem Description	Tx Level
17	17	Medium-high involvement medium AOD disruption, medium needs	3
Referral Guidelines: Comprehensive assessment. Low intensity outpatient (1-2hrs wk), 4-6 months duration. UAs if drug use.			

Treatment Plan